



Integrated Basic Services Support to IDPs, Returnees and Host Communities in East and South Darfur

Quarterly Program report: October 1, 2014 – December 30, 2014
AID-OFDA-G-14-00032

1. Program Goal

To contribute to the improvement of the overall health and wellbeing of internally displaced persons (IDPs), spontaneous returnees, and vulnerable host communities while supporting durable integration along the Nyala-Gereida and Nyala-Tulus corridors in South Darfur and in El Ferdous, Assalaya, and Ed Daein areas in East Darfur.

2. General Overview

This is the fourth reporting period for the grant which commenced February 1, 2014. The grant's end date is January 31, 2015, though ARC has written to OFDA to have a cost modification to continue the programmatic activities beyond the stipulated date, until June 30, 2015. It is important to secure the cost modification approval as soon as possible in order to begin the process of signing new technical agreements (TA), as required by HAC, for all operations in Sudan, and to continue to support the interventions to the vulnerable groups of IDPs, returnees, and host communities in East and South Darfur states.

The implementation of the project is currently on-going in the three sectors funded under this project: health, nutrition, and WASH in East and South Darfur States. This reporting period witnessed a relatively smooth period of operation across the sectors. This quarter there were improvements in supplies delivery and cash flow to the different locations, as opposed to last quarter which faced many challenges regarding the transportation of nutrition supplies. Health services continued to be delivered to the vulnerable IDPs in all the supported health facilities under this grant. The total number of IDPs reached in the reporting period is 232,348 – 31% of the total number served (752,373) since the beginning of the project.

ARC was only able to support 14 health facilities (instead of the intended 17) in this reporting period. This was because two health facilities (Abujabra and Donky Dressa) in South Darfur were forced to close as a result of insecurity and the clinic in El Neem camp in East Darfur was under construction. The El Neem camp clinic construction will be completed in January 2015.¹

3. Major Successes and Challenges

SECTOR 1: HEALTH

Objective: To reduce maternal and child morbidity and mortality, and increase utilization of health services among IDPs, spontaneous returnees and host communities in the selected areas in East and South Darfur states.

Sub-sector 1: Health Systems and Clinical Support:

ARC provided preventative and curative health services for the management of communicable diseases such as diarrhea, Acute Respiratory Infection (ARI), malaria, and unexplained fever through support to the existing 14 static primary health care clinics (PHCCs). A total of 43,082 patients (21,764 female, 21,318 male) received consultations at ARC-supported facilities during the reporting period.

ARC dispatched 15 rapid-response kits (RRKs) to the PHCCs during this quarter, including supplementary drugs for children under age five ("children < 5"). Laboratory items and consumables were also distributed to three ARC-run laboratories. ARC provided basic health services at the clinic level, conducted health promotion activities, and provided antenatal and postnatal care. In addition, ARC provided integrated management of childhood illnesses and immunization of children < 5 against ten primary childhood diseases. Consultation was available five days per week in all open 14 PHCCs and one mobile clinic,² providing basic reproductive health (RH) services (both antenatal care (ANC) and family planning (FP)), immunizations, health education, treatment and dressings as well as referral of complicated cases. The reproductive health (RH) sector with BEmOC services is available in Alsafia health facility in South Darfur. ARC referred 62 patients (26 female, 36 male) with complications at the PHCC level to the Nyala Teaching Hospital for specialized medical treatment. For each referred patient, ARC covered transportation costs, food, and treatment prescribed by medical specialists. ARC also paid the patients' transport back to their homes.

¹ There was a delay in this construction following a dispute with a community member, who demanded payment from ARC for the land, though it had been given to ARC by the SMoH. This was resolved after a series of meetings with HAC and the SMoH in East Darfur.

² It was ARC's original intention to operate five mobile clinics. To date, only one is functional, in Shanji. The other four clinics were unable to open due to insecurity in the area, as well as a high number of beneficiaries who were displaced and relocated to Kalma and other camps.

During this quarter, all weekly reports on early warning signs of epidemic-prone diseases were collected and submitted regularly to the World Health Organization (WHO) and the State Ministry of Health (SMoH) from 14 PHCCs and one mobile clinic. All the patients received treatment at the health facilities, whereas patients with severe Acute Jaundice Syndrome (AJS) were referred to the Nyala Teaching Hospital for special treatment. ARC is collaborating closely with SMoH, WHO, and the Health Cluster to provide frequent updates of activities and new cases as they are detected.

Sub-Sector 2: Communicable Diseases:

Health services were provided at 14 static PHCCs (out of the targeted 17 PHCCs) and one mobile ARC-run health facility. A total of 14,150 people received treatment for ARI/pneumonia, malaria, injuries, unexplained and diarrhea across all ARC supported PHCCs. In part, increased breeding sites for mosquitos and led to increased incidences of Malaria. Malaria was the main illness treated at ARC-supported clinics, with a total of 5,866 (1,397 children < 5) patients. This is a dramatic increase from last quarter, when there was a total of 915 cases of Malaria.³ There was also an increase in the number of Diarrhea cases from last quarter – nearly twice as many. Please see Table 1 for a list of the most common diseases treated and their frequency, disaggregated by age.

Table 1: Most Common Diseases Treated at ARC-supported PHCCs October – December 2014						
Disease	< 5 years		> 5 years		Total cases	Percent of all cases (%)
	Number of cases		Number of cases			
	Male	Female	Male	Female		
Malaria	721	676	2,312	2,157	5,866	42%
Diarrhea	1,230	1,101	1,052	880	4,263	30%
ARI	531	548	513	557	2,149	15%
Injuries	187	211	384	397	1,179	8%
Fever	163	144	183	203	693	5%
Total	5,512		8,638		14,150	100%

ARC continued with immunization activities in all PHCCs, with routine immunization activities provided for children < 5. Children ages 0-12 months were prioritized and received all childhood vaccines, due to their susceptibility to communicable diseases. During the reporting period, ARC vaccinated 14,702 children < 5 and 2,391 women of child bearing age (WCBA). ARC continued to run functional cold chains with fully functional EPI (Expanded Program on Immunization) capacity (as per SMoH and

WHO standards) in health facilities in Alsafia, Gereida, Kalma Camp - Sector I, Bulbul Tembesco, Tulus, Dimso, Abu Ajoura, and Bulbul Abujazo. The health sector is negotiating with the SMoH to establish one more cold chain facility in Eltomat clinic. The SMoH has confirmed that this request has been submitted to UNICEF, and is been expected to be received – possibly in the first quarter of 2015.

ARC collected, compiled, and shared weekly surveillance reports with the SMoH, which are used for disease trend and clinical monitoring. The surveillance reports were submitted in a timely manner to ensure quick identification and report of any communicable disease outbreak in the supported health facilities.

Sub-sector 3: Reproductive Health:

During the reporting period all basic RH activities were carried out in all RH facilities. These includes ante-natal care (ANC), delivery by skilled personnel, post-natal care (PNC), family planning (FP), Tetanus Toxoid (TT) administration to women of child-bearing age (WCBA), stabilization and referral of complicated cases to secondary health care management, and provision of supplies (including clean delivery kits (CDKs), Iron tablets, and Vitamin A supplements).

ARC has consistently adhered to meeting the MISP standard for RH in all activities in order to support the reduction of maternal and newborn-mortality in South and East Darfur States. ARC works to coordinate its activities with the RH department of the SMoH, UNFPA, WHO, and other health partners. There is a monthly coordination meeting for the purpose of information sharing and coordination among all key stakeholders and partners and this has helped in coordination of all RH activities.

ARC has continued to strengthen comprehensive RH services by increasing the number of women acting as community RH promoters (CRHP). The RH promoters work to educate the community on RH issues, which has led to an increase in demand and utilization of the health facilities. The CRHP discuss ANC services and hygienic delivery practices through the distribution of clean delivery kits (CDKs). They also provide education on recognizing danger signs and seeking services at secondary centers. Family planning is encouraged in the health facilities through the provision of contraceptive pills (provided by UNFPA) and condoms, though the use of condoms is extremely low, as it is yet to be fully accepted by the local authorities. Advocacy remains the current approach with the involvement of the SMoH and UNFPA.

³ Malaria is diagnosed using blood film in four health facilities. The rest are using RDT.



A total of 2,274 CDKs were distributed to expectant women in their third trimester who attended ANC visits in an ARC facility. A total of 1,713 deliveries were conducted by skilled personnel, of which 643 were conducted within the facilities and 1,070 were conducted within the communities. A total of 37 clients were referred to secondary health care facilities for management of obstetric complications. A summary of other services provided in the reporting period are highlighted in Table 2.

Standard case management training of STIs in East Darfur was conducted for two days. The training was attended by 20 participants (midwives) from El Neem camp, Alsalaya, Yassin, Seleah and Alferdous. The training was facilitated by SMOH Reproductive Department Officers and supervised by the ARC RH Program Assistant.

During the reporting period, ARC supported 15 health facilities by providing supplies upon facility's request. These RH supplies included CDKs, cotton, gloves, gauze, carbolic soap, liquid Dettol, washing soap, family planning, and ANC cards, as well as in-kind incentives (sugar and toilet soap) for the community volunteer midwives.

Supervisory support visits were carried out to ensure the quality of client service and data collection, and the timely provision and safe storage of supplies. The team ensured that each facility received a supervision visit at least once every month. The visits were coordinated by ARC's Senior Midwife Capacity Building Officer.

Sub-sector 4: Community Health Education/Behavior Change:

CHVs provided outreach programs with key health education messages at the health facility, community, and household levels. A total of 57,095 individuals (31,844 female, 25,251 male) were reached with messages covering topics such as HIV/AIDS, STIs, water-borne diseases, sanitation, personal hygiene, skin diseases, diarrhea, tuberculosis, malaria, meningitis, ARI, and vaccinations. The aim was to increase community awareness and promote prevention and control of infectious diseases. Additionally, thematic discussions on malaria prevention and control were held this quarter in Bulbul Abujazoo, Bulbul Tembesco and Dalangara. There were 45 participants (23 female, 22 male).

ARC trained 20 women as part of a Women's Healthcare Group in El Neem camp East Darfur. These women are then empowered to form their own group (consisting of 10 women), and then those participants go on to form another group, consisting of 5 women. In this way the women can promote health related messages among themselves to their neighbors, and cascading to the communities at large.

The Village Health Committees (VHCs) had been involved with supporting the monitoring of the health facilities to aid community mobilization and participation. The VHCs are attached to each supported health facility. Each VHC is comprised of 10-11 individuals, selected by the villages in that locality themselves, to include youth, women, and men in their various capacities. The ARC field team meets on a quarterly basis with the VHCs to share information in relation to the health facility services and access the achievement, challenges, and recommendations for further improvement.

ARC's Health Education Department, in collaboration with the SMOH, also conducted two health education campaigns in El Neem Camp on Malaria and Dengue Fever. During the campaigns preventative messages were distributed to the beneficiaries to build awareness of prevention and disease control. The campaign was carried out by house-to house visits, large group discussions, and small group work with presentations, demonstrations, and distribution of leaflets.

SECTOR 2: NUTRITION

Objective: To improve the nutrition status of children <5 and pregnant and lactating women (PLW) in South Darfur

ARC continued to work with the SMOH, WHO, UNICEF, WFP and other key stakeholders operating in Darfur to implement nutrition interventions, with services geared towards reducing severe-acute malnutrition (SAM), moderate-acute malnutrition (MAM), and global-acute malnutrition (GAM) levels below the emergency threshold of 15% among children and PLW.

During this reporting period, the program reached 11,564 individuals, or 92% of the target. This is slightly down from last quarter, during which 95% of the target was reached. The attendance has decreased as many caretakers moved away from nutrition program sites for harvest activities. Food supplies (RUTF and SC+) were available at both outpatient therapy (OTP) and through targeted supplementary feeding programs (TSFP), which allowed for a relatively smooth implementation of the nutrition program.

Table 2: RH Services at ARC-Supported Facilities October – December 2014	
RH service	Numbers Reached
Ante Natal Care	10,408
ANC 2+	6,810
Tetanus Toxoid (TT)	3,328
Tetanus Toxoid 2+	2,320
Iron tablets	6,547
Post Natal Care	2,060

Sub-sector 1: Infant and Young Child Feeding (IYCF) and Behavior Change:

In the reporting period, 199 health and nutrition education sessions were conducted in all feeding centers. 11,564 individuals (9,519 female, 2,045 male) were reached with health/nutrition messages centered on breastfeeding, best practices for behavior change, early detection of malnutrition cases, hygiene, and sanitation. Based on the interaction with caretakers, 321 children ages 0-6 month (217 female, 104 male) were exclusively breastfed and 1,534 (913 female, 621 male) were recorded to have received a supplementary food ration on a monthly basis. This is an increase from 1,173 children in the 3rd quarter.

A total of 124 household (HH) visits were conducted, with the objective of strengthening messages on prevention of childhood illnesses, IYCF, hygiene and sanitation, and the importance of a balanced diet. A total of 1,287 individuals were reached. Mortality remained at 0% in this reporting period, which is an indicator of good practices of childhood illness prevention and early detection of danger signs.

Forty six (46) cooking demonstrations (using locally available food) were conducted through women's group sessions across 12 TSFP sites. The main purpose was to increase the mothers'/caretakers' knowledge of food preparation, a balanced diet, and promotion of IYCF. It is expected that mothers will improve cooking habits and feed their children with a balanced diet. A total of 3,988 women and 65 men participated in these sessions, and 1,372 children (832 female, 540 male) were fed with wet rations during these sessions.⁴

Four shelters were rehabilitated in Abou ajoura, Gereida, Aboujazou and Alsafia. These shelters are in use by mothers/caretakers for nutrition/breastfeeding sessions.

Sub-sector 2: Management of Moderate Acute Malnutrition (MAM):

The 4th quarter experienced some temporary migration of caretakers for harvest activities, which reduced the admission trend. However, this was mitigated some in December, with the return of caretakers from harvest activities and the efforts of community nutrition volunteers (CNVs) to trace defaulters. A total of 2,895 MAM cases were newly admitted during this quarter (1,882 female, 1,013 male). Among the newly admitted clients, 358 were PLW.

Table 3: TSFP performance – MAM					
	Oct	Nov	Dec	Oct-Dec Avg	SPHERE standards
Cured	94%	76%	93%	88%	> 75%
Death	0%	0%	0%	0%	< 5%
Defaulter	4%	24%	5%	11%	< 15%
Non respondent	2%	1%	2%	2%	

Under the supervision of ARC nutrition staff, the CNVs conducted a MUAC screening of a total of 20,937 children and pregnant and lactating women. Of those, 88% (18,375) were in good health, 9% (1,869) were referred to TSFP centers, 3% (643) were referred to outpatient care, and 0.2% (50) were referred to inpatient care.

At 24%, the defaulter rate for November was above the SPHERE standards due to temporary migration of caretakers away from feeding centers for agriculture activities. CNVs worked to strengthen community outreach and HH visits, and the quarter's average defaulter rate was within the accepted standard. For more information, see Table 3.

Table 4: OTP performance – SAM					
	Oct	Nov	Dec	Oct-Dec Average	SPHERE standards
Cured	93%	92.7%	88%	91%	>75%
Death	0%	0%	1%	0%	< 5%
Defaulter	6%	4%	8%	6%	<15%
Non respondent	1%	3%	3%	2%	

Sub-sector 3: Management of Severe Acute Malnutrition (SAM):

As this reporting period included the busy harvest season, participation at the 11 OTPs has decreased. This can be seen in the slightly decreased admission trend – from 1,583 last quarter to 1,537 (1,116 female, 421 male) this quarter. The difference is not significant, given the availability of food at HH level

during the reporting period. The performance of all OTPs across ARC's catchment area remained within the SPHERE standards this quarter. There was improvement as compared to last quarter, except the defaulter rate, which was high for the same reason listed above.

⁴ ARC considers every person present as "attending" a cooking demonstration. Occasionally this means the number is higher than would traditionally be expected, based on sessions conducted.

The Tulus and Abu Ajoura stabilization centers (SCs) admitted a combined total of 56 SAM cases with medical complications. The two stabilization centers met the SPHERE standards, as the cured rate has been above 75% for the last 3 months, with defaulter rate maintained below 15%. The admission rate in SC is decreasing as a result of strengthening health education, community outreach, early detection of malnutrition cases and the introduction of Community-based Integrated Management of Childhood Illnesses (C-IMCI).

SECTOR 3: WASH

Objective: To improve the water, sanitation and hygiene conditions for IDPs, returnees and host populations.

Provision of clean water, sanitation, hygiene promotion and environmental health activities continued to residents in El Neem camp, Elferdous, Alsalaya and Yassin in East Darfur, and in Nyala-Tulus and Nyala-Gereida corridors, Gereida Camp, Kalma Camp, and Beliel locality in South Darfur. Seven new boreholes were drilled, which provides an additional 60m³ of water per day. Each drilled borehole was made with troughs in order to allow for animal grazing. The boreholes are protected with fencing. Each borehole was managed by a WASH committee to help protect the boreholes and maintain it as required. They also offer a bit of protection to the users of the boreholes, especially women and children, by maintaining organization hence.

Sub-sector 1: Environmental Health:

In the reporting period ARC worked jointly with WASH partners in Kalma Camp (CIS and Oxfam American) and Gereida Camp (WES and CIS), and with WASH Committees and volunteers to organize and implement 20 clean-up campaigns in their respective camps in all ARC operation areas. A total of 325,983 individuals benefited from these activities that were implemented with participation of women and youth: Kalma camp – 58,194; Gereida – 30,000; Tulus corridor – 54,038; Gereida corridor – 65,796; Yassin – 29,500; El Neem camp – 43,000; Alsalaya – 15,500; and El Ferdous – 30,000. ARC provided tools for garbage collection and disposal. In these campaigns cleaning tools and equipment such as wheel-barrows, rakes, grass-cutters and local brooms and baskets were distributed for participants to use for cleaning and collecting the garbage from the markets, slaughter-houses, schools, mosques, and roads. Donkey-carts (four in Kalma, four in Gereida, two in Abuajora/Tempesco and two in Alsafia) were used in each campaign for 20 campaigns, and which helped with loading and transporting raw garbage from temporary places to the 22 final disposal points in the camps/villages. The collected garbage was burned, which reduced the number of breeding sites and habitats for vectors. Approximately 92 tons of garbage were collected and disposed. The campaigns were supervised and closely monitored by the Sanitation and Hygiene Promotion teams.

To ensure safe waste disposal, site selection of two final waste disposal pits was done jointly with WES, ARC WASH team and El Neem camp management leaders. Two other waste disposal pits will be rehabilitated (procurement is already on-going and expected to be done shortly).

Sub-sector 2: Hygiene Promotion:

During this quarter ARC continued to provide hygiene education services to promote good hygiene practices in both the IDP camps and rural communities in East and South Darfur states. Two WASH committees (15 members for each wash committee with a total of 30 hygiene promoters) from El Ferdous and Alsalaya villages were established and trained on hygiene education and sanitation awareness including diarrhea control (ORS), latrine construction and use, inter-condition environmental health, Food safety, water management and water quality. The promoters were also equipped with IEC materials and hygiene promotion manuals, and are expected to disseminate hygiene messages to community members.

Trained hygiene promoters in all ARC operation areas in East and South Darfur organized and conducted eight public hygiene awareness and 19 hygiene sessions during this quarter, reaching 34,556 individuals in South Darfur (including men, women and children). The goal of public hygiene awareness is to reach all beneficiaries (children, men, and women) by conducting the session in a public place, like a market or food distribution point. The messages were focused on personal hygiene, household latrine use, and hand washing at critical times. During the implementation period, four jerry-cans cleaning campaigns were conducted in El Neem, Kalma and Gereida camps. This allowed for the cleaning of 1,540 jerry-cans and the dissemination of safe water handling messages. The exercise was supervised by WASH committees from the respective areas.

In El Neem camp, the WASH committee members conducted 530 household visits, reaching 1,089 individuals (556 female, 533 male). During the visit, personal hygiene of children and general cleanness of the household was checked and hygiene promotion advice was given, as necessary.

During the quarter, general improvement in knowledge and hygienic practices was recorded. Hand washing at critical times is up from 19% in first quarter to 34% in fourth quarter. Compared to before the campaign and HH visits, the overall score on hand washing knowledge has increased from 24% in first quarter to 31% in fourth quarter. However, ARC noted a reduction in the number of people who reported washing hands before and after handling babies' feces by about 5% - the rate was previously 24% last quarter, and is currently at 19%. This information was gathered during household visits. In the pending agreement cost modification, the team will focus on identifying reasons for the reduction and disseminating messages based on identified reasons.

Sub-sector 3: Sanitation infrastructure:

During this quarter ARC WASH sector rehabilitated 300 HH latrines for 6,000 individuals in Kalma Camp – Sector 4A, 4B, and 9. The available budget for construction of new latrines will only construct 500 latrines, due to high inflation in construction materials. This intervention ensured the user per latrine ratio was 20:1, in accordance with the Sphere standard, for the neediest households whose latrine pits were reaching their full capacity or had to be replaced. We provided slabs and super structure because all these latrines were new construction, not rehabilitation. (For cases of rehabilitation ARC provided half of the super structure for each HH latrine.) Construction of an institutional latrine (one block with six pits) at the ARC-supported PHCC clinic at Kalma Camp – Sector 8 is ongoing.

Similarly, construction of 200 HH latrines in El Neem camp in East Darfur is ongoing. The procurement process has been initiated for the construction of an institutional latrine at the ARC-supported PHCC clinic in El Neem Camp in East Darfur. This VIP latrine has six pits (three pits for women and three for men).

Sub-sector 4: Water supply infrastructure: ARC continued to provide safe drinking water for 66,984 people in Kalma Camp – Sector 8. Seven (7) boreholes were drilled in Sector 8: five were fitted with hand pumps and two were fitted with motorized pump, providing an extra 60m³ per day. Prior to the additional boreholes, water consumption was 3 per person per day which below the sphere standard 7.5 in emergencies. With additional boreholes, water consumption per person per day has increased to 9/p/day. 23 drums of fuel and 20 gallons of engine oil for motorized pumps, was used, and 34,200m³, in addition 8,100m³ from nine hand pumps and 900m³ from pipeline extension produced The total water produced and supplied during the quarter was 43,200m³, 9 L/P/d for the new arrivals at Sector 8 and 12 L/P/d for the previously existing sectors 4a, 4b and 9.

The chlorination and FRC monitoring continued. During the reporting period, 442 samples were checked, and the free residual chlorine (FRC) rate was between 0.2 – 0.5 mg/l at water points and 0.0 – 0.2 mg/l at the household water storage containers. Forty (40) HHs were included in the testing routine.

Repair and maintenance of the water system continued in Kalma Camp. Three hand pumps and two generator sets were repaired by WASH Management Committees in Kalma Camp Sectors 4a and 8. This is a good indication of community ownership and preparedness to take over and maintain the project when ARC phases out. Last quarter's water system assessment in Alsafia PHCC identified a water leakage, which has since been repaired. In 2012 all WASH partners in South Darfur agreed and introduced a Community Base Operation and Maintenance (CBOM) approach in all IDPs camps. ARC was the lead agency for WASH partners in Kalma Camp. The WASH Management Committee is now responsible for WASH services in Kalma Camp, including maintenance of water system.

The rehabilitation of two high-capacity water yards El Ferdous and Alsaya in East Darfur is ongoing. ARC conducted an assessment with WES and HAC at the locality, and nominated the two as "high need" water yards for the replacement of taps, generator sets, water tanks, animal trough, fencing, pipes, and pumps.

4. Challenges

- The major challenge in the reporting period is the inaccessibility of Ed Daein and Adilla localities by international staff, as no approval has been given by the local authorities. This location is therefore being managed remotely, as only the national staff have been granted access to East Darfur. ARC remains optimistic that international staff will be allowed into Ed Daein at some point in the near future, as this will be paramount in improving the quality of service delivery in East Darfur.
- There were delays in recruitment due to the difficulty in getting qualified local staff from East Darfur. The recruitment process was tedious as ARC is obligated to follow the state government rules in order to be able to extend the recruitment beyond the locality and state. The tribal conflicts and insecurity situation also negatively impacted recruitment, as some qualified candidates turned down the offer due to security concerns. There were delays in signing the TAs for East Darfur, which also caused some delays in the implementation and hiring for the project. (No international recruitment can be done until the TA is approved.) In some cases it took several months to bring an international staff member on board.



- There are continued difficulties in obtaining accurate beneficiaries numbers. This is due both to ARC's work approach (mainly dealing with emergency interventions) and our current data collection process – data is not gathered at an individual level within the health facilities. There is also the challenge of double counting, as there are numerous variables within an indicator. We have recently hired an M&E Coordinator to join our Darfur team, and are working to develop a more accurate method for estimating disaggregation data, specifically sex and age.
- The migratory behavior of beneficiaries has proven to be a major challenge in the implementation of the projects, as clients fail to attend their clinic days during the harvesting season. This has a negative impact on the number of reachable beneficiaries.